

SAVE - ASVI VERIFICATION FORM

1. To access SAVE call 1-800-365-7620.
2. Key in your county's unique Medicaid access code: *42*61*62*230 _ _ _ #
3. Key in the alien's A-Number, substituting a "0" for the leading "A".
4. Compare the data on the INS document to the ASVI data.
5. If record found, document match below.
6. If record found, but discrepancies between records:
Document discrepancies found.
Date G-845 sent to INS:
7. If no record found or instruction to institute secondary verification:
Date G-845 sent to INS:

PRESS 1 TO REPEAT THIS INFORMATION.

PRESS 2 FOR ANOTHER QUERY.

PRESS 3 TO END THIS CALL.

	Information appearing on INS Document # _____	ASVI Verification - Match of INS Document or Discrepancies:	
		Match	Discrepancy
THE ALIEN REGISTRATION # IS:			
THE VERIFICATION # IS:			
THE LAST NAME IS SPELLED:			
THE FIRST NAME IS SPELLED:			
THE BIRTHDATE IS:			
THE STATUS CODE IS:			
THE EMPLOYMENT ELIGIBILITY IS:			
THE COUNTRY OF BIRTH CODE IS:			
THE ALTERNATE ID # IS:			
THE DATE OF ENTRY IS:			

Worker _____

Title _____ Date _____

Attach copy of INS document.

File in Medicaid case record.

Figure 2504/3404 - 2

